
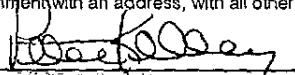


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2005 08:00 AM  
Secretary of State

|  |   |                    |   |  |  |
|--|---|--------------------|---|--|--|
| <b>DOCUMENT # P02000127733</b><br>1. Entity Name<br><b>CASSANDRA MARINE 15, INC.</b>   |   |                    |   |   |  |
| Principal Place of Business<br><b>WATERWAYS MARINA<br/>AVENTURA FL 33280</b>   |   |                    | Mailing Address<br><b>C/O KURT BOSSHARDT &amp; ASSOCIATES PA<br/>1600 SE 17 STREET SUITE 405<br/>FORT LAUDERDALE FL 33316</b> |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address |   |  |  |
| Suite, Apt #, etc.   |   | Suite, Apt #, etc. |   |  |  |
| City & State   |   | City & State       |   | 4. FEI Number <b>54-2112290</b>  |  |
| Zip  |   | Country            |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent  |   |                    |   | 7. Name and Address of New Registered Agent  |  |
| <b>KELLEY, PETER P<br/>SUITE 405<br/>1600 SE 17TH ST CAUSEWAY<br/>FORT LAUDERDALE FL 33316</b>   |   |                    |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |                    |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |                    |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                    |   | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS   |   |                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <b>BLACKLEDGE, PHILIP S</b><br><b>1600 SE 17TH STREET #405</b><br><b>FORT LAUDERDALE FL 33316</b> <input type="checkbox"/> Delete |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | U00000337735<br>04/28/05-80006-016 150.00<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. |   |                    |   |  |  |
| <b>SIGNATURE:</b>  <b>PETER P. KELLEY</b>   |   |                    | 4/26/05 954 764 7772<br><small>Date Daytime Phone #</small>   |  |  |